



# **REMEDIAL ACTION PLAN MONITORING ACT / VCP APPLICATION FORM**

FACILITY/OPERATION INFORMATION				NDEQ ID :		NDEQ PROGRAM ID :			
1	<b>Name:</b>		AltEn, LLC						
2	<b>Facility Phone Number:</b>		(402) 624-2000						
3	<b>NAICS:</b>		325193						
FACILITY/OPERATION LOCATION INFORMATION									
4	<b>Address:</b>		1332 County Road 10						
5	<b>City:</b>		Mead		<b>State:</b>	NE	<b>Zip Code:</b>	68041	<b>County:</b> Saunders
6	<b>Legal Description:</b>		N	1/2 of	SW	1/4 of		1/4 of	<b>Section</b> 12 <b>Township</b> 14N <b>Range</b> 8E
FACILITY/OPERATION MAILING INFORMATION									
7	<b>Address:</b>		AltEn, LLC						
8	<b>City:</b>		Mead		<b>State:</b>	NE	<b>Zip Code:</b>	68041	
FACILITY/OPERATION CONTACT INFORMATION									
9	<b>Person:</b>		Tanner Shaw						
10	<b>Phone Number:</b>		(402) 624-2000						
11	<b>Cell Number:</b>								
12	<b>Fax Number:</b>								
13	<b>Email Address:</b>		Tshaw@mrgkc.com						

14	<b>Certification Statement</b>								
<p>I/we (the undersigned) certify that the foregoing information on this application and accompanying documents, estimates, and schedules is true and accurate to the best of my knowledge and belief. I/we understand that participation in the Voluntary Cleanup Program is voluntary, and I/we agree to comply with all state and federal standards and regulations.</p> <p>I/we also certify that if additional funds beyond the fee submitted with this application are required to cover oversight costs for NDEQ, I/we will provide these additional funds.</p>									
<p>■ <b>This form has been completed and reviewed by the person(s) noted and signatures applied below.</b></p>									
<p>■ <b>In completing this form, the following is understood:</b></p> <ul style="list-style-type: none"> <li>• \$2,000 non-refundable <b>Application Fee</b> attached.</li> <li>• Signed <b>Written Agreement</b> attached.</li> <li>• \$3,000 refundable initial <b>Deposit</b> attached.</li> </ul>									
<table border="1"> <tr> <td><b>Typed or Printed Name of Authorized Individual</b></td> <td><b>Title</b></td> </tr> <tr> <td>AltEn Facility Response Group by each of its members as identified on the signature pages</td> <td></td> </tr> <tr> <td><b>Signature of Authorized Individual</b></td> <td><b>Date</b></td> </tr> <tr> <td></td> <td>June 1, 2021</td> </tr> </table>		<b>Typed or Printed Name of Authorized Individual</b>	<b>Title</b>	AltEn Facility Response Group by each of its members as identified on the signature pages		<b>Signature of Authorized Individual</b>	<b>Date</b>		June 1, 2021
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<b>Signature of Authorized Individual</b>	<b>Date</b>								
	June 1, 2021								

Typed or Printed Name of Authorized Individual	Title
<b>Ex. 4 CBI</b>	VP, General Counsel & Corp. Sec.
Signature of Authorized Individual	Date
<b>Ex. 4 CBI</b>	June 1, 2021

Typed or Printed Name of Authorized Individual	Title
Ex. 4 CBI	Senior Assistant General Counsel
Signature of Authorized Individual	Date
Ex. 4 CBI	June 1, 2021

<b>Typed or Printed Name of Authorized Individual</b> Ex. 4 CBI	<b>Title</b> CEO
<b>Signature of Authorized Individual</b> Ex. 4 CBI	<b>Date</b> May 28, 2021

<b>Typed or Printed Name of Authorized Individual</b> <div>Ex. 4 CBI</div>	<b>Title</b> Corporate Counsel
<b>Signature of Authorized Individual</b> <div>Ex. 4 CBI</div>	<b>Date</b> 6/1/2021

Typed or Printed Name of Authorized Individual	Title
Ex. 4 CBI	General Counsel
Signature of Authorized Individual	Date
Ex. 4 CBI	5/23/21

<b>Typed or Printed Name of Authorized Individual</b> <div>Ex. 4 CBI</div>		<b>Title</b> <i>General Counsel and Secretary,</i> <div>Ex. 4 CBI</div>	
<b>Signature of Authorized Individual</b> <div>Ex. 4 CBI</div>		<b>Date</b> <div>6-1-2021</div>	

**INSTRUCTIONS:**

- Please type or print legibly. Incomplete applications and/or applications not accompanied by the non-refundable \$2,000 application fee, and the signed Written Agreement with the \$3,000 initial deposit, will not be processed and will be returned to the applicant.
- If any of the information requested is not applicable, enter "NA" in the blank provided.

**More detailed instructions and a list of abbreviations follow the application form.**

**SECTION A – ADDITIONAL SITE INFORMATION**

Latitude: 40.197222° N Longitude: 96.480833° W

Latitude/Longitude Source: NE0137634

Latitude/Longitude Reference Location (e.g., center of property): \_\_\_\_\_

Lot or Subdivision (if applicable): N ½, SW¼, Section 12, Township 14 N, Range 8 E, Saunders County, NE

Property Size (acres): \_\_\_\_\_

Current Land Use: The Facility is not currently operational, it previously operated as an ethanol facility.

Future Land Use: Unknown.

Will this project protect human health and the environment? ☒ Yes ☐ No Please explain.

This project will prepare a Remedial Action Plan for DEE's approval addressing the environmental conditions of concern identified by DEE.

Will this project promote economic development? ☒ Yes ☐ No Please explain.

Project will address environmental conditions that currently prevent operation at the site.

Will this project enable the creation or, preservation of, or addition to parks, greenways, undeveloped property, other recreational property, or other property used for nonprofit purposes? ☐ Yes ☒ No Please explain.

 **Note: Attach a map and/or site diagram.**



## SECTION B – APPLICANT INFORMATION

Name: AltEn Facility Response Group Title: \_\_\_\_\_  
Organization: AltEn Facility Response Group  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Applicant's Relationship to or Interest in the Site: The AltEn Facility Response group is a group of entities who were previously customers of the Facility that are now cooperating with DEE in undertaking a voluntary response at the Facility.

## SECTION C – CURRENT OWNER/OPERATOR

☐ If Applicant is Facility Owner, check box and skip to Land Owner subsection (below).

### Facility Owner

Name: Tanner Shaw Title: \_\_\_\_\_  
Organization: AltEn, LLC  
Address: 1344 County Road 10  
City: Mead State: NE Zip: 68041  
Telephone: (402) 624-2000 Fax: \_\_\_\_\_  
E-mail: tshaw@mrgkc.com

☐ If Applicant is Land Owner, check box and skip to Section D.

### Land Owner

Name: Tanner Shaw Title: \_\_\_\_\_  
Organization: AltEn, LLC  
Address: 1344 County Road 10  
City: Mead State: NE Zip: 68041  
Telephone: (402) 624-2000 Fax: \_\_\_\_\_  
E-mail: tshaw@mrgkc.com

## SECTION D – DESIGNATED POINT OF CONTACT

☐ If Applicant is Designated Point of Contact, check box and skip to Section E.

Name: Ex. 4 CBI Title: Sr. Remed. Mgr  
Organization: Ex. 4 CBI  
Address: Ex. 4 CBI  
City: Ex. 4 CBI  
Telephone: Ex. 4 CBI Fax: N/A  
E-mail: Ex. 4 CBI

(\*\*) Ex. 4 CBI will serve as the contact until the Group has engaged a Project Coordinator and updated DEE.

## SECTION E – NATURE OF POTENTIAL CONTAMINATION

Current and historical land use with corresponding years of operation and dates of known releases

Check all known or potential sources of contamination on site:

Feature and land use	Dates of operation
<input checked="" type="checkbox"/> Aboveground Storage Tank	2015-present
<input type="checkbox"/> Underground Storage Tank	
<input type="checkbox"/> Drum	
<input type="checkbox"/> Other Container	
<input checked="" type="checkbox"/> Aboveground Pipeline	2015- unknown
<input type="checkbox"/> Underground Pipeline	
<input checked="" type="checkbox"/> Lagoon or Pond	2015-present
<input type="checkbox"/> Seepage Pit or Dry Well	
<input type="checkbox"/> Septic Tank or Lateral Field	
<input checked="" type="checkbox"/> Surface Spill or Discharge	February 2021
<input checked="" type="checkbox"/> Adjacent Property	2015-2021
<input type="checkbox"/> Drip Tank	
<input type="checkbox"/> Pit	
<input checked="" type="checkbox"/> Grain Storage Facility	2015-2021
<input type="checkbox"/> Formerly Used Defense Site	
<input type="checkbox"/> Salvage Yard	
<input type="checkbox"/> Dry Cleaners	
<input type="checkbox"/> Landfill	
<input type="checkbox"/> Former Manufactured Gas Plant	
<input type="checkbox"/> Gas Station	
<input type="checkbox"/> Methamphetamine Laboratory	
<input type="checkbox"/> Mine Scarred Land	
<input type="checkbox"/> Source Unknown	
<input type="checkbox"/> Other	

Check all known chemical products, hazardous substances, pollutants or contaminants used, managed or released, on site:

<input type="checkbox"/> Acids/Bases	<input type="checkbox"/> Paint/Paint Wastes	<input checked="" type="checkbox"/> Sludge
<input checked="" type="checkbox"/> Fertilizers	<input type="checkbox"/> PCBs	<input type="checkbox"/> Solvents/Degreasers
<input checked="" type="checkbox"/> Inorganics	<input checked="" type="checkbox"/> Pesticides	<input type="checkbox"/> Fumigants
<input type="checkbox"/> Metals	<input type="checkbox"/> Petroleum Products	<input checked="" type="checkbox"/> Other <u>Seed treatments</u>
		<u>manure</u>

Check all known and potentially contaminated media on site:

Surface Soil (0-3')	<input type="checkbox"/> Confirmed	<input checked="" type="checkbox"/> Potential
Subsurface Soil	<input type="checkbox"/> Confirmed	<input checked="" type="checkbox"/> Potential
Surface Water	<input type="checkbox"/> Confirmed	<input checked="" type="checkbox"/> Potential
Sediment	<input type="checkbox"/> Confirmed	<input checked="" type="checkbox"/> Potential
Groundwater	<input type="checkbox"/> Confirmed	<input checked="" type="checkbox"/> Potential

Identify known contaminants, maximum concentration detected, and media impacted (attach additional pages as needed):

<b>Pesticide</b>	<b>Lagoon Water (ug/L)</b>	<b>Wet Cake (ug/kg)</b>
Abamectin	337	3220
Acetamprid	ND	ND
Azoxystrobin	99.3	2740
Bifenthrin	ND	ND
Brassinazole	ND	ND
Carbendazim	ND	ND
Carboxin	ND	ND
Chlorantraniliprole	ND	ND
Chlorpyrifos-ethyl	ND	ND
Chlorpyrifos-methyl	ND	ND
Clothianidin	58400	217000
Cyantraniliprole	ND	ND
Cyfluthrin 1-4	ND	ND
Cyhalothrin 1-2	ND	ND
Cypermethrin 1-4	ND	ND
Cyproconazole	ND	ND
Deltamethrin 1-2	ND	ND
Desthio-Prothioconazole	ND	3180
Difenoconazole	ND	1730
Dimoxystrobin	ND	ND
Dinotefuron	ND	ND
Epoxiconazole	ND	ND
Ethaboxam	ND	ND
Fluconazole	ND	ND
Fludioxonil	ND	ND
Fluoxastrobin	ND	62700
Glufosinate	13.1	147
Glyphosate	2060	ND
Imidacloprid	108	1060
Ipconazole	5.68	7400
Isavuconazole	ND	ND
Itraconazole	ND	ND
Metalaxyl/mefenoxam	ND	ND
Metconazole	ND	23.6

Nitenpyram	ND	ND
Orysastrobins	ND	ND
Permethrin 1-2	ND	ND
Picoxystrobin	ND	ND
Posaconazole	ND	ND
Propiconazole	29.1	ND
Prothioconazole	ND	8620
Pyraclostrobin	ND	494
Ravuconazole	ND	ND
Sedaxane	ND	ND
Sulfonic Acid Prothioconazole	ND	303
Tebuconazole	213	20600
Tetraconazole	ND	ND
Tioxazafen	ND	ND
Thiabendazole	8450	49200
Thiacloprid	ND	ND
Thiamethoxam	35400	154000
Thiophanate methyl	ND	ND
Trifloxystrobin	58.2	5010
Uniconazole	ND	ND
Voriconazole	ND	ND

(Analysis is ongoing)

## SECTION F – REGULATORY HISTORY

- Does the property meet the following CERCLA §101(39) brownfield site definition?  
“Real property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant or contaminant.”  
☒ Yes ☐ No ☐ Unknown
- Is or was the property, or any part thereof, a permitted or interim status hazardous waste management facility regulated under RCRA? If so, complete the permit information at the end of this section.  
☐ Yes ☒ No ☐ Unknown
- Has a CERCLA investigation (Preliminary Assessment and/or Site Inspection) been conducted at the property? If so, provide explanation at the end of this section.  
☐ Yes ☒ No ☐ Unknown
- Is the property subject to a planned, or ongoing CERCLA removal action? Has a CERCLA removal occurred at the site? If so, provide explanation at the end of this section  
☐ Yes ☒ No ☐ Unknown

5. Is or was the property, or any part thereof, investigated for, proposed for, or listed on the Superfund National Priorities List, as established under CERCLA? If so, provide explanation at the end of this section. ☐Yes ☒No ☐Unknown
6. Is or was the property, or any part thereof, subject to (enforcement action) a unilateral administrative order, court order, administrative order on consent, or consent decree under CERCLA? If so, provide explanation at the end of this section. ☐Yes ☒No ☐Unknown
7. Is or was the property, or any part thereof, subject to (enforcement action) a unilateral administrative order, court order, administrative order on consent, consent decree, or permit under RCRA, CWA, TSCA or SWDA? If so, provide explanation at the end of this section. ☒Yes ☐No ☐Unknown
8. Is or was the property, or any part thereof, subject to enforcement action under city, county, state, federal or other environmental laws? If so, provide explanation at the end of this section. ☒Yes ☐No ☐Unknown
9. Is or was the property, or any part thereof, the subject to corrective action under RCRA 3004(u) or 3008(h) to which a corrective action permit or order has been issued or modified requiring the implementation of corrective measures? If so, provide explanation at the end of this section. ☐Yes ☒No ☐Unknown
10. Is or was the property, or any part thereof, the subject of environmental orders or agreements with city, county, state, or federal environmental agencies? If so, provide explanation at the end of this section. ☒Yes ☐No ☐Unknown
11. Is or was the property, or any part thereof, a land disposal unit(s) with closure notification submitted and closure plan or permit? If so, provide explanation at the end of this section. ☐Yes ☒No ☐Unknown
12. Is or was the property, or any part thereof, subject to the jurisdiction, custody, or control of federal government? If so, provide explanation at the end of this section. ☐Yes ☐No ☒Unknown
13. Does or did the property, or any part thereof, have PCB contamination subject to remediation under TSCA? If so, provide explanation at the end of this section. ☐Yes ☒No ☐Unknown
14. Has the property owner received assistance from the EPA Leaking Underground Storage Tank program for a response activity on this property, or any part thereof? ☐Yes ☒No ☐Unknown
15. Are or were activities conducted at the property, or any part thereof, requiring classification as a Nebraska or EPA Hazardous Waste Generator? If so, provide the hazardous waste generator identification number at the end of this section. ☐Yes ☐No ☒Unknown
16. Has the property ever been a Nebraska Title 118 investigation site? ☐Yes ☐No ☒Unknown

Use the following space for additional information related to the questions listed in Section F. Begin answers with the question number to which it relates. List any identification numbers and permits, with dates of permit issuance and expiration.:

See Complaint in Nebraska v. AltEn, Case No. DO6CI210000036

## SECTION G – INVESTIGATION/REMEDIAL ACTION STATUS

Identify the type of environmental investigations performed to date at the site.

Date	Title	Type of Investigation	Investigator
02/2021	Emergency Spill Response	Collection, analysis and filtration of water released from piping break.	AltEn and Clean Harbors
Ongoing	Interim Actions	Collection, analysis and filtration of water from on-site lagoons, consolidation and analysis of wet cake.	AltEn, Clean Harbors and ERM

Does contamination at the site pose an immediate risk to human health or the environment?

☐ Yes

☐ No

☒ Unknown

Does contamination at the site impact or threaten to impact public or private drinking water supplies?

☐ Yes

☐ No

☒ Unknown

Identify and briefly describe any institutional controls that are already in place or proposed for the site.

No institutional controls are currently in place.

There has not yet been an assessment of the need for future controls.

Identify any other remedial actions already implemented at the site.

The following interim measures are ongoing: collection, analysis, filtration and storage of wastewater from on site lagoons; consolidation and analysis of wet cake; assessment, repair and reinforcement of stormwater berms.

## SECTION H – ACCESS CERTIFICATION

The undersigned certify that the applicant holds or can acquire title to all lands or has the necessary easements and right-of-way for the project and related lands.<sup>1</sup> ☐Yes ☒No

Facility Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Land Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION I – APPLICATION SUBMITAL

\$2,000 NON-REFUNDABLE APPLICATION FEE ATTACHED ☒Yes ☐No

SIGNED WRITTEN AGREEMENT ATTACHED ☒Yes ☐No

\$3,000 REFUNDABLE INITIAL DEPOSIT ATTACHED ☒Yes ☐No

### Mailing Address

Return completed application, application fee, written agreement and initial deposit, and any other attachments to:

**VCP/Brownfields Coordinator  
Remediation Section  
Nebraska Department of Environmental Quality  
Suite 400, the Atrium Bldg.  
1200 N Street  
P.O. Box 98922  
Lincoln, NE 68509-8922**

If you have questions or need additional information, please contact the VCP/Brownfields Coordinator by phone at (402) 471-4210 or via e-mail at [NDEQ.VCPBrownfield@nebraska.gov](mailto:NDEQ.VCPBrownfield@nebraska.gov)

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<sup>1</sup> The AltEn Facility Response Group is not the current owner/operator of the AltEn facility. At the time of submittal of this application, the Group also does not have a written access agreement executed with AltEn, LLC, the current owner of the property. The Group is submitting this application based on representations from DEE that site access is not required to join the Voluntary Cleanup Program, and, if site access is denied after the site is enrolled in the VCP, the State of Nebraska will exercise its legal authority to secure site access for the Group to perform the activities that are the subject of this application.